

ROOM TAX PERMIT UPDATE

PERMIT #_____

TODAY'S DATE_____

BUSINESS NAME_____

PHONE NUMBER_____

NAME OF OWNER_____

NAME OF AGENT OR MANAGER_____

PHONE NUMBER_____

PHYSICAL ADDRESS OF RENTAL_____

NUMBER OF UNITS AVAILABLE FOR RENT_____

PRESENT RATE SCHEDULE_____

You may attach your printed schedule if available

DATES BUSINESS IS OPEN:_____

SIGNATURE OF OWNER/AUTHORIZED AGENT_____

SEND QUARTERLY REPORT FORMS TO:_____

*Please remember to apply for your WI Sales Tax/Seller's permit number.
Don't forget to send in your 5 ½% State & County Sales Tax to WI DOR.!!*